

# UNITED STATES HOUSE OF REPRESENTATIVES

## CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

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JUL 14 PM 12:52

Barney Frank  
(Full Name)

202-225-5931  
(Daytime Telephone)

**HAND DELIVERED**  
Office Use

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: MA District: 4	<input type="checkbox"/> Officer Or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

### PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	X. If yes, complete and attach Schedule IX.	

### EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Massachusetts ST Cons LN-SER B</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$1,001 - \$2,500</p>	
<p>Massachusetts ST Cons LN-SER B General Obligation Book ENT</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>Massachusetts ST Cons LN-SER C Limited/Tax BK /ENT DTD</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>Massachusetts ST Federal HWY Grant ANTIC NTS-A</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>NONE</p>	
<p>Massachusetts H&amp;E FACS AU RV Worcester City Corp SER F</p>	<p>\$50,001 - \$100,000</p>	<p>INTEREST</p>	<p>\$201 - \$1,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Massachusetts H&E FACS Auth REV Partners Hithcare System G	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000
Massachusetts HLTH&EDL FACS AU Rev Dana Farber Cancer Institute K	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500
Massachusetts State Housing Finance Agency REV Rental- MTG-B-AMT	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
Massachusetts School Building AU Dedicated Sales Tax-A- AMBAC	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000
Massachusetts ST Special Obligations Dedicated Tax REV SER A FGIC	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500
Massachusetts State TPK Authority MET Highway System RE Sub-A-AMBAC	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
Massachusetts Water RES AU General REV SER A Book Entry MBTA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500
Nuveen Massachusetts Dividend Advantage Municipal Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000
University of Massachusetts Building AU FACL REV Senior SER A GTD MBTA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
Calvert Social Investment	\$100,001 - \$250,000	CAPITAL GAINS/DIVIDEN DS	\$5,001 - \$15,000
Massachusetts ST G/O REF SER C FSA	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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Massachusetts ST G/O REF SER C MBIA	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000
Massachusetts State CONS LOAN SER Book Entry	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000
Massachusetts State CONS LN- SER C	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000
Citibank Deposit Program	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500

# SCHEDULE IV - TRANSACTIONS

Name Barney Frank

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Massachusetts St Cons LN-SER B General Oblig Book Ent DID	S	No	05-01-09	\$15,001 - \$50,000
	Massachusetts St Cons LN-SER C LTD/Tax BKJENT DTD	S	No	12-01-09	\$1,001 - \$15,000
	Massachusetts Federal Highway Grant Antic NTS-A	S	No	12-15-09	\$15,001 - \$50,000
	Commonwealth of Massachusetts G/O Cons Loans 2007C B/E AMBAC Ins.	P	N/A	5-13-09	\$15,001 - \$50,000
	Commonwealth of Massachusetts General Obligation Refunding Bonds	P	N/A	1-29-09	\$15,001 - \$50,000
	City of Malden Massachusetts GEN OBL MUN PUR LOAN 2009 BONDS	P	N/A	10-15-09	\$15,001 - \$50,000

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Rep. Chellie Pingree (ME-01) and her fiancée Mr. Donald Sussman	First Class Round Trip Travel by Private Aircraft - Portland, ME to United States Virgin Islands	\$1,500

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name **Barney Frank**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Maher Live, Inc Los Angeles, CA	May 1-2	Boston-Los Angeles-Boston	Y	Y	N	0